REQUEST FOR EXTRAORDINARY CIRCUMSTANCES

PLEASE FAX COMPLETED FORM TO: (207) 287-9229 BEAS, Attn: Ellen Field

Date of Request:_____

Resident's Name:_____ MaineCare #_____

Facility: _____ Phone #_____

Address: _____ Fax # _____

_____

Does the resident have a legal guardian or some other family member who should also be notified of the Extraordinary Circumstances determination?

Name: _____ Relationship: _____

Address: _____ Phone:_____

Name of person completing form: _____

Date of Admission:_____

Payment source at time of admission was: [ ] MaineCare [ ] Medicare [ ] Private Pay

Most recent payment source : [ ] MaineCare [ ] Medicare [ ] Private Pay

Date of MaineCare denial (Goold denial) : _____

Has MaineCare paid for resident's care for more than 120 consecutive days, *EXCLUDING APPEAL DAYS?*
[ ] Yes [ ] No Dates:_____ to _____

Has there been any interruption of the nursing facility providing services: [ ] Yes [ ] No

If yes, please explain, giving dates:_____

For what dates is the facility requesting payment? Start date:_____ End date: _____ (You may indicate " until placement" if there is no end date .)

Has the resident filed an appeal: [ ] Yes [ ] No If yes, on what date was the appeal filed?_____Date of hearing:_____

(continued on page 2) Request for Extraordinary Circumstances June 1, 1996 (revised 6/25/02)

Commissioner's final decision:

_____

EVIDENCE OF DISCHARGE PLANNING

What home care options have been identified for this resident? What steps have been taken?

_____

_____

PLEASE LIST THE RESIDENTIAL CARE OR CONGREGATE HOUSING FACILITIES WITHIN A 30 MILE RADIUS CONTACTED BY FACILITY STAFF.

Facility name:_____ Phone #_____

Address: _____ Contact person:_____

_____

Date (s) facility was contacted:_____

What type of resident do they serve?_____ Do they have any vacancies?_____

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

Facility name:_____ Phone #_____

Address: _____ Contact person:_____

_____

Date (s) facility was contacted:_____

What type of resident do they serve?_____ Do they have any vacancies?_____

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

Facility name:_____ Phone #_____

Address: _____ Contact person:_____

_____

Date (s) facility was contacted:_____

What type of resident do they serve?_____ Do they have any vacancies?_____Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list

continued on page 3

Facility name:_________________________________ Phone #__________________

Address: ____________________________________ Contact person:__________________________

____

Date (s) facility was contacted:____

What type of resident do they serve?___________________________ Do they have any vacancies?______

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

Facility name:_________________________________ Phone #__________________

Address: ____________________________________ Contact person:__________________________

____

Date (s) facility was contacted:____

What type of resident do they serve?___________________________ Do they have any vacancies?______

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

Facility name:_________________________________ Phone #__________________

Address: ____________________________________ Contact person:__________________________

____

Date (s) facility was contacted:____

What type of resident do they serve?___________________________ Do they have any vacancies?______

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list:

Facility name:_________________________________ Phone #__________________

Address: ____________________________________ Contact person:__________________________

____

Date (s) facility was contacted:____

What type of resident do they serve?___________________________ Do they have any vacancies?______

Is your resident on their waiting list? ☐ yes ☐ no Est. time to reach the top of the list: